

## *San Diego Health Profile*

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### *Introduction*

*T*he mission of public health, as defined by the 1988 Institute of Medicine's report *The Future of Public Health*, is to "fulfill society's interest in assuring the conditions in which people can be healthy." Addressing the health challenges of society is a shared responsibility, engaging educators, scientists, health care providers, business executives and the general public.

With this document, San Diego County Health and Human Services Agency has taken a lead in compiling information that will help guide our health promotion and disease prevention agenda. It addresses the multiple inter-related facets of a community's health, such as lifestyle, access to care, environmental health, socioeconomic status, disease occurrence, and susceptible populations.

### *Partnerships*

*W*e all share a role in building a healthier community. The health of the individual cannot be separated from community health and the environment in which individuals work, live and play. We can make dramatic and encouraging progress in improving our communities' health in a relatively short time. We have seen this in the reductions in infant mortality, child drowning, adolescent births, syphilis, and reduction in vaccine-preventable diseases like measles. We hope this document helps you to envision what you can do in your community, business or personal life to improve the health of San Diego County.

### *Measuring the Health of a Community*

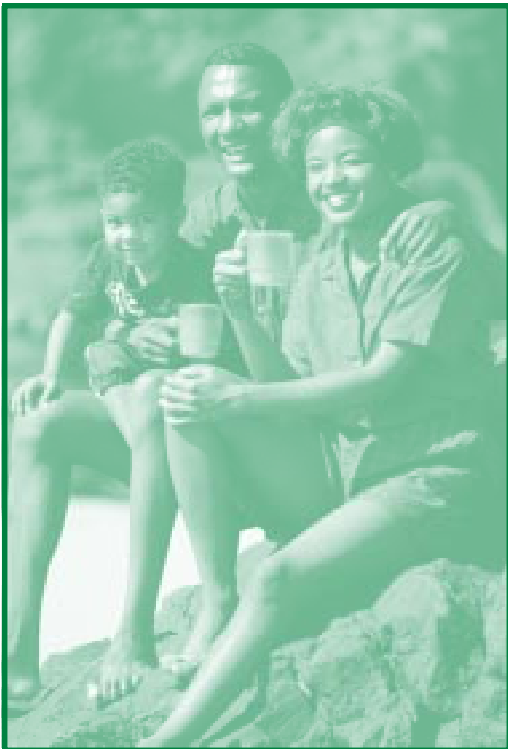
*H*ealthy People 2000 (HP2000) and HP2010 are about improving health and measuring progress over time. HP2010, an evolution of the HP2000 document, is a publication of the U.S. Public Health Service. It outlines a comprehensive, nation-wide health promotion and disease agenda; and establishes 10-year health objectives for the Nation mirroring the changing demographics of our communities and the changes in health care.

## Consensus Health Indicators

**T**HE FIRST GOAL OF HEALTHY PEOPLE 2010 IS TO HELP INDIVIDUALS OF ALL AGES INCREASE LIFE EXPECTANCY AND IMPROVE THE QUALITY OF THEIR LIFE.

A set of Leading Health Indicators was established, based upon HP goals, to help individuals and communities target actions to improve health, and to assist communities in tracking their progress toward their health objectives over time. These indicators were chosen based on their ability to motivate action, availability of data, and their relevance to broad public health issues. The measures cover indicators of health status, indicators of risk, and priority data needs. The indicators are compiled annually for the nation by the Centers for Disease Control and Prevention (CDC) and allow comparison to local and state data.

The health of San Diego is compared to these indicators in the following table. San Diego has met or is close to reaching the goals established for about half of the indicators for which we have data, but we must remain vigilant in addressing enduring and emerging public health issues.



## CONSENSUS HEALTH INDICATORS SUMMARY

### INDICATORS OF HEALTH STATUS OUTCOME

	San Diego County	Status	CA	United States	Healthy People 2000 <sup>1*</sup>	Healthy People 2010 <sup>2*</sup>
Infant mortality rate as measured by rate (per 1,000) live births among infants less than one year of age <sup>3,4,11</sup>	5.2	●	6.4	7.2	7.0	4.5
<b>Deaths per 100,000 population (age-adjusted)</b>						
Motor vehicle crashes <sup>3,4,11</sup>	9.3	●	11.4	15.9	16.8	9.0
Work-related injury	NA		NA	4.5	4.0	3.2
Suicide <sup>3,4,11</sup>	10.1	●	9.4	10.6	10.5	6.0
Lung cancer <sup>3,4,11</sup>	27.2	●	30.0	57.4	42.0	44.8
Breast cancer (female) <sup>3,4,11</sup>	19.6	●	18.3	27.7	20.6	22.2
Heart disease <sup>3,4,11</sup>	108.4	○	93.9	130.5	100.0	166.0
Homicide <sup>3,4,11</sup>	4.0	●	9.0	8.0	7.2	3.2
All cause mortality <sup>3,4,11</sup>	398.8		425.7	479.1	None	None
<b>Reported incidence per 100,000 population</b>						
AIDS <sup>2,3,4</sup>	17.5	●	17.3	19.5	43.0	1.0
Measles <sup>2,3,4</sup>	0.04	○	0.08	0.03	0.00	0.00
Tuberculosis <sup>2,3,4</sup>	10.4	○	12.4	6.8	3.5	1.0
Syphilis (primary and secondary) <sup>2,3,4</sup>	0.9	●	1.2	3.2	10.0	0.2

### INDICATORS OF RISK FACTORS

Incidence of low birthweight <sup>2,3,4</sup>	60/ 1,000	○	61/ 1,000	76/ 1,000	50/ 1,000	50/ 1,000
Births to females 17 years old or younger per 1,000 adolescents <sup>2,3,4</sup>	11.1	●	57.2	72.0	50.0	46.0
Percentage of mothers delivering infants who did not receive prenatal care in the first trimester <sup>2,3,4</sup>	19.9%	○	18.4%	17.0%	10.0%	10.0%
Child poverty, as measured by the proportion of children less than 15 years of age living in families at or below the poverty level <sup>5</sup>	23.5%		26.4%	19.9%	None	None
Proportion of persons living in counties exceeding the U.S. Environmental Protection Agency standards for air quality during the previous year <sup>2</sup>	NA		NA	12%	15%	0%

\* Note: Healthy People 2010 Goals are age-adjusted to the 2000 population. Other data and Healthy People 2000 Goals are age-adjusted to the 1940 population

## OTHER PRIORITY DATA NEEDS

	San Diego County	Status	CA	United States	Healthy People 2000	Healthy People 2010
<b>Indicators of process</b>						
Proportion of two year olds who have been immunized with the basic series as defined by the Immunization Practices Advisory Committee <sup>3</sup>	80%	○	78%	81%	90%	90%
Proportion of adults 65 years of age or older who have been immunized for pneumococcal pneumonia and influenza <sup>3</sup>	Flu= 73% Pneu= 63%	○	Flu= 66% Pneu= 50%	Flu= 66% Pneu= 46%	80%	90%
Proportion of assessed rivers, lakes, and estuaries that support beneficial uses (fishing and swimming approved) <sup>2</sup>	NA		NA	60%	85%	75%
Proportion of women receiving a pap smear at an interval appropriate for their age <sup>6</sup>	NA		88.2% <sup>a</sup>	86.2% <sup>a</sup>	85%	90%
Proportion of women receiving a mammogram at an interval appropriate for their age <sup>6</sup>	NA		81.6% <sup>a</sup>	82.3% <sup>a</sup>	60%	70%
Proportion of the population uninsured for medical care <sup>9</sup>	22.0%		20.8%	16.1%	None	0%
Proportion of the population without a regular source of primary care (including dental services) <sup>2</sup>	NA		NA	14% <sup>b</sup>	None	4% <sup>b</sup>
<b>Indicators of risk factors (Prevalence)</b>						
Cigarette smoking <sup>2,6,13</sup>	17%	○	19%	24%	15%	12%
Alcohol misuse <sup>7,8</sup>	17.5% <sup>c</sup>		13.6% <sup>c</sup>	7.8% <sup>c</sup>	None	None
Overweight <sup>2,6,7</sup>	26%	○	31%	23%	20%	15%
Hypertension <sup>7,8</sup>	20%		21.2%	23%	None	16%
Hypercholesterolemia <sup>8</sup>	NA		30.4%	28.8%	20%	17%
Confirmed abuse and neglect of children <sup>2</sup>	NA		NA	13.9/ 1,000	25.2/ 1,000	11.1/ 1,000
<b>Indicators of health status outcomes</b>						
Percentage of children less than 5 years of age who are tested and have blood lead levels exceeding 15 µg/dl <sup>2</sup>	NA		NA	4.4% <sup>d</sup>	500,000 total	0% <sup>d</sup>
Incidence of Hepatitis B <sup>3,10</sup>	1.3/ 100,000	●	5.1/ 100,000	3.9/ 100,000	40/ 100,000	None
Proportion of children aged 6-8 and 15 years with one or more decayed primary or permanent teeth <sup>2</sup>	NA		NA	29% (6-8 yrs) 20% (15 yrs)	35% (6-8 yrs) 60% (15 yrs)	21% (6-8 yrs) 15% (15 yrs)

● San Diego County met Healthy People 2000 objectives

○ Healthy People 2000 objectives not met

<sup>a</sup> All age groups reporting having had a mammogram within 2 years or pap smear within 3 years

<sup>b</sup> Those without a "specific source of ongoing care"

<sup>c</sup> San Diego: those reporting ≥5 drinks on 1 occasion. California and US: those reporting drinking on 21-31 of the last 31 days

<sup>d</sup> Exceeding 10 µg/dl

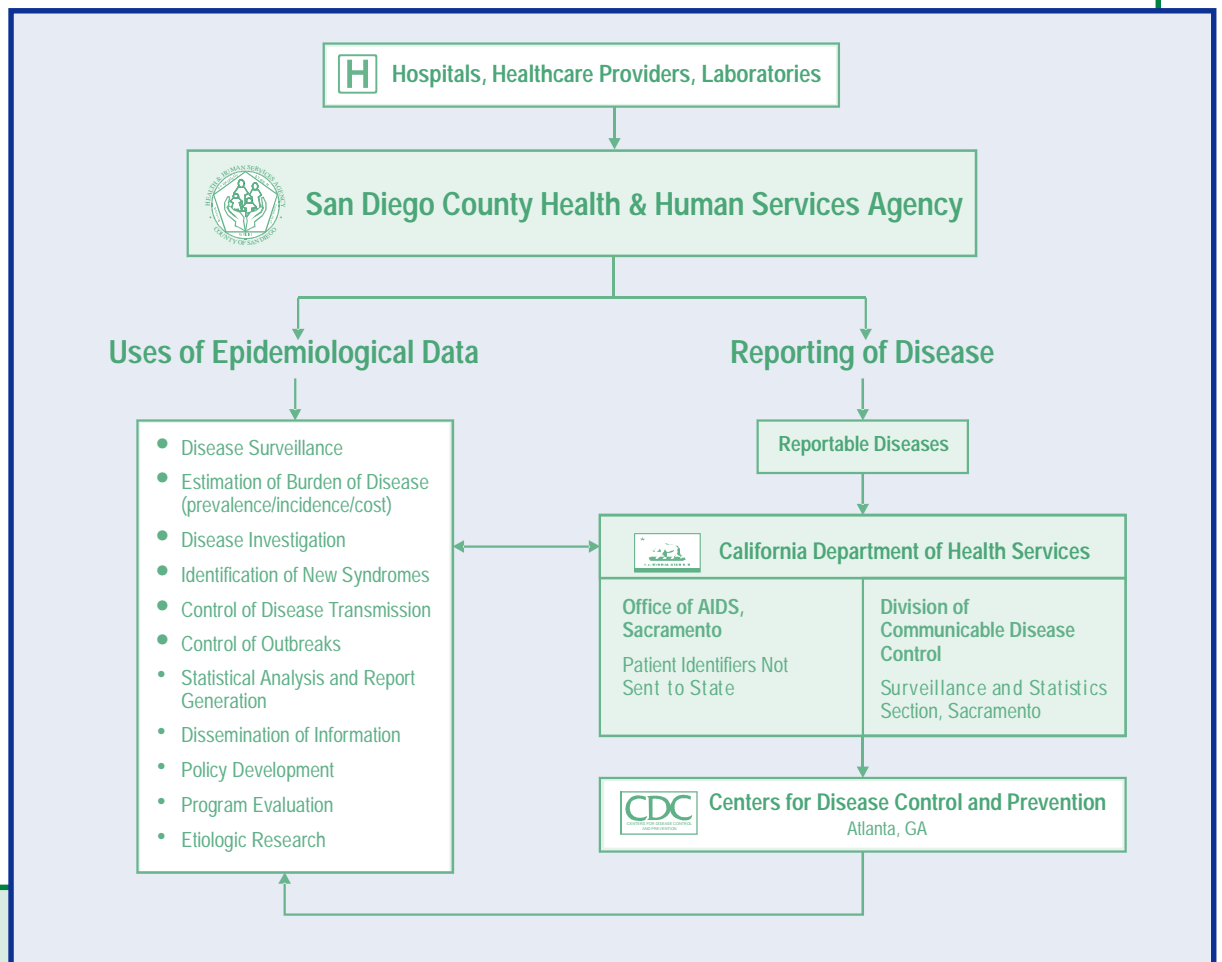
# Health and Human Services Agency

**W**ILLIAM FARR HAD ABIDING FAITH THAT NATURAL LAWS GOVERN THE OCCURRENCE OF A DISEASE, THAT THESE LAWS CAN BE DISCOVERED BY EPIDEMIOLOGIC INQUIRY AND THAT, WHEN DISCOVERED, THE CAUSES OF EPIDEMICS ADMIT TO A GREAT EXTENT OF REMEDY.  
- ALEXANDER LANGMUIR

Much of the data contained in this document is collected through public health surveillance efforts by the San Diego County Health and Human Services Agency. Surveillance is the ongoing assessment of the health of a community by the timely collection, analysis, interpretation, and dissemination of data, as shown in the schematic below. Surveillance can be conducted on infectious and chronic conditions.

High priority health events that cause serious clinical illness like AIDS or meningitis are more likely to be reported accurately. Clinically mild disease, such as salmonellosis, may not come to the attention of healthcare providers and therefore may be less likely to be reported to the Health Department.

Other types of data, such as occurrence of chronic disease, delivery of health services, and frequency of behaviors like smoking also contribute to this document.





## Demographics

As the fourth most populated county in the US, San Diego is among the most ethnically and geographically diverse. Within its 4,200 square miles, the County has a rich mixture of urban and rural communities from the coast beachfront to the desert and mountains. Coordinating healthcare across areas of this geographic size and complexity is challenging. San Diego's proximity to the US Mexico border positions this county in the forefront of immigration issues and concerns. San Diego County has 18 American Indian reservations – more than any other county in the United States.

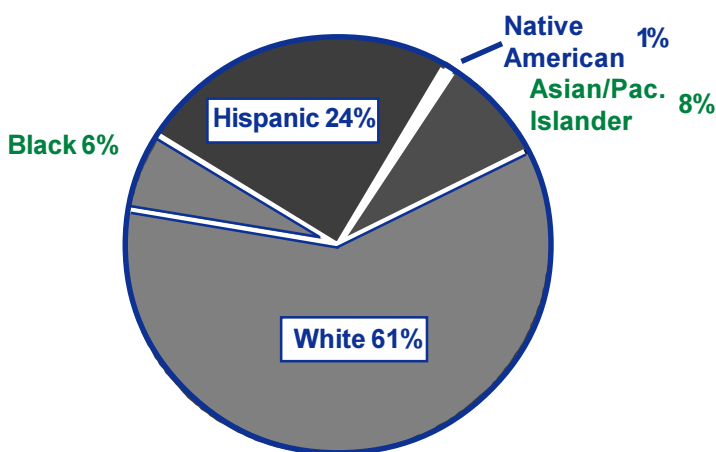
Demographic data is key to the planning and delivery of public health interventions. San Diego's population has been growing steadily - increasing nearly 20% since 1989. The 1999 population estimate of 2,853,258 people represents racial and ethnic groups from around the world, with more than 20 languages spoken. The San Diego Association of Governments (SANDAG) reports that the population is 24% Hispanic, 6% Black, 61% White, 8% Asian/Pacific Islander, and 1% American Indian. Eleven percent of our population is 65 or older.

The gap between rich and poor has widened in recent years. Approximately 24% of San Diego children under 17 live in poverty. Inequalities in income and education underlie many health disparities in the U.S. Higher income allow more access to medical care, allow better housing and safer neighborhoods, and increase the opportunity to engage in health-promoting behaviors.

This report will highlight several disparities in health by racial/ethnic group. Biologic and genetic characteristics of different race and ethnic groups do not alone explain the health disparities experienced when compared with the white, non-Hispanic population. The disparities are more realistically due to the complex interaction among environmental factors, genetic variation and specific health behaviors.

The Hispanic (Latino) community is at risk for poor health outcomes based on lack of health insurance and cultural barriers to health care. They are among the least likely to have health insurance, public or private, and frequently work in small businesses and industries that offer no employer-based coverage. Hispanics are more likely to suffer from childhood lead poisoning and tuberculosis, and die from diabetes and injury.

**Estimated Population by Race/Ethnicity  
San Diego County, 1999**



Source: San Diego County Health and Human Services, Division of Community Epidemiology.

Other: N=4,696 (<1%)

The African American community has the highest age-adjusted death rate, representing a combination of infectious and chronic diseases such as pneumonia and influenza, diseases of the heart, injuries and hypertension. Blacks also show higher rates of homicide, and adolescent pregnancies. Black infant mortality is nearly 3 times the County average.

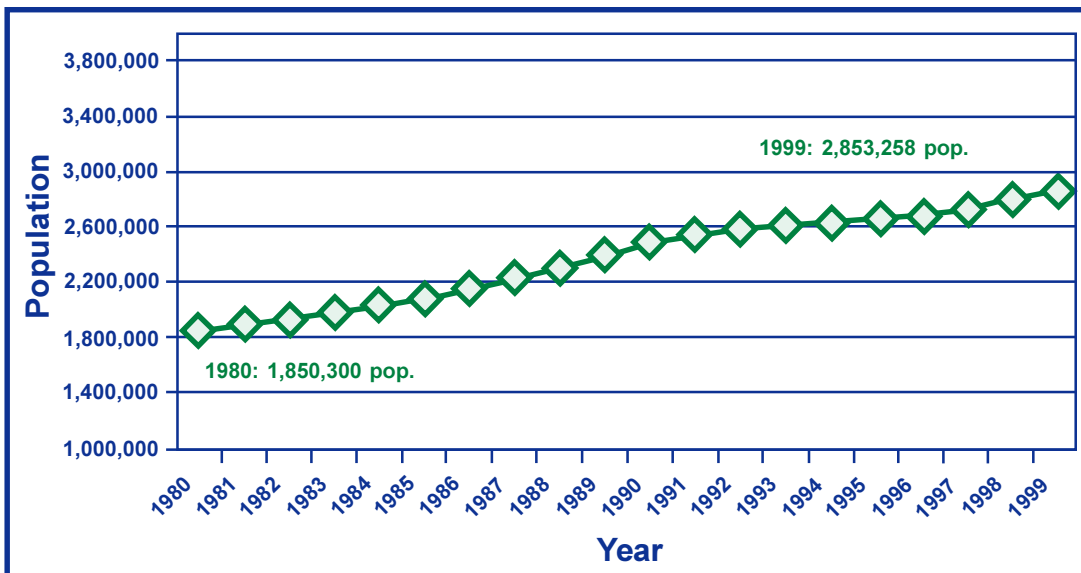
Asian Americans in San Diego County also face excess risk for some conditions, such as Hepatitis B and tuberculosis.

This report is available on the County of San Diego's Health and Human Services Agency website :

[www.co.san-diego.ca.us/cnty/cntydepts/health](http://www.co.san-diego.ca.us/cnty/cntydepts/health)

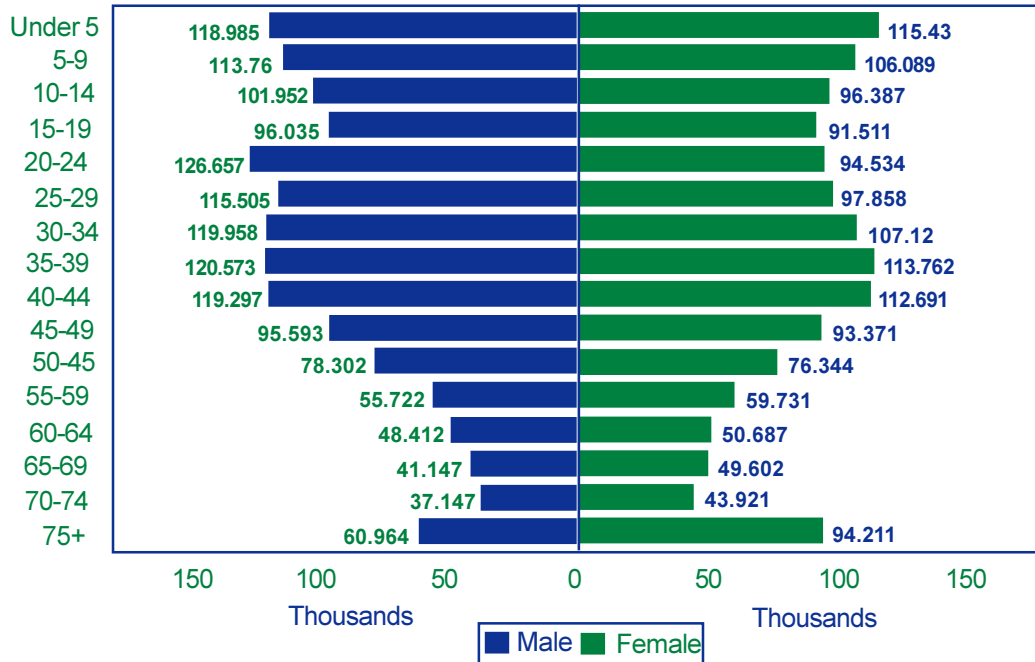
A Regional Health Profile will be available Fall 2000.

## San Diego County Population By Year 1980-1999



Source: San Diego County Health and Human Services Agency, Division of Community Epidemiology

## Age Distribution by Gender San Diego County, 1999



Total population = 2,853,258 (Male=1,450,009; Female=1,403,249)